

BENEFIT/OPTIONAL RATES - Calendar Year 2027

All Unions

F/T EMPLOYEES						
MEDICAL						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
AETNA	Aetna Choice POS II \$15	GOLD	1,402.00	2,803.00	2,510.00	3,910.00
AETNA	Aetna Choice POS II \$15 (Deductible - 2019)	GOLD	1,395.00	2,789.00	2,496.00	3,890.00
AETNA	Aetna Choice POS II \$20/\$20	SILVER	1,367.00	2,734.00	2,447.00	3,814.00
AETNA	Aetna QPOS \$5/\$5	SILVER	1,160.00	2,319.00	2,076.00	3,141.00
AETNA	Aetna Whole Health Plan OMNIA \$5/\$15	BRONZE	1,115.00	2,229.00	1,995.00	3,109.00
AETNA	Aetna Choice POS II HDHP	BRONZE	1,115.00	2,229.00	1,995.00	3,109.00

*High deductible plan includes RX (combined)

**Optional

F/T EMPLOYEES						
PRESCRIPTION						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
Express Scripts	Aetna Choice POS II \$7/\$16	GOLD	397.00	794.00	710.00	1,107.00
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Express Scripts	Aetna Choice POS II \$3/\$18/\$46	SILVER	404.00	807.00	722.00	1,125.00
Express Scripts	RX \$10/\$20/\$35	SILVER	355.00	708.00	634.00	988.00
Express Scripts	Aetna Whole Health Plan OMNIA \$7/\$16/\$35	BRONZE	401.00	801.00	717.00	1,117.00

**Optional

F/T EMPLOYEES					
DENTAL					
Effective 01/01/2027 - 12/31/2027			EE	ESP/PC1	PC2/FAM
Delta Premier			32.36	55.53	102.46
Delta Preferred			29.68	50.26	90.57
Delta PPO Fixed Co-Pay Plan			37.97	73.74	123.52

*There is an additional monthly contribution when choosing the medical Gold plan. This amount is charged once per month in addition to your bi-weekly premium amount.

F/T EMPLOYEES						
MEDICAL - Monthly Buy-Up Contribution						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
AETNA	Aetna Choice POS II \$15	GOLD	35.00	69.00	63.00	96.00
AETNA	Aetna Choice POS II \$15 (Deductible - 2019)	GOLD	28.00	55.00	49.00	76.00